



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 5177

Bib Data Sheet

|                             |  |              |                        |                                  |
|-----------------------------|--|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/601,032 | FILING OR 371(c)<br>DATE<br>06/20/2003<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1639 | ATTORNEY<br>DOCKET NO.<br>222363 |
|-----------------------------|--|--------------|------------------------|----------------------------------|

**APPLICANTS**

- / David J. Hammond, Laytonsville, MD;
- / Julia Tait Lathrop, Falls Church, VA;
- / Jolly Sarkar, Olney, MD;
- / Liliana Gheorghiu, Bethesda, MD;

**\*\* CONTINUING DATA *NOS***

/ This appln claims benefit of 60/395,038 07/11/2002

**\*\* FOREIGN APPLICATIONS *None*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 10/07/2003

|                                 |  |                        |                        |                    |                         |
|---------------------------------|--|------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>MD | SHEETS<br>DRAWING<br>0 | TOTAL CLAIMS<br>27 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                        |                    |                         |

Verified and  
Acknowledged  
*[Signature]*  
Examiner's Signature Initials

**ADDRESS**

23552

**TITLE**

Method for identifying individual active entities from complex mixtures

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>503 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other<br><input type="checkbox"/> Credit |
|----------------------------|---|---|